

This form is intended to be printed, completed and mailed through the U.S. Postal Service. Forms or replications of forms returned by e-mail will not be accepted for processing.

**Board of Industrial Insurance Appeals
PO Box 42401 Olympia, WA 98504-2401**

ASSESSMENT NOTICE OF APPEAL

If you disagree with a decision of the Department of Labor and Industries concerning the assessment of industrial insurance taxes, or the classification of workers and the rate of taxes assessed, this form can be used to file an appeal of that decision. **You must file the appeal with the Board of Industrial Insurance Appeals, WITHIN 30 DAYS of the date you received** the Department's decision. The appeal can be filed with the Board personally or by mail at the above address.

Today's date:_____:

Firm Name: _____ Firm No.

I wish to appeal the Notice and Order of Assessment/decision of the Department of Labor and industries dated: _____ [copy attached]

I disagree with the Department's decision because:

What are you asking for?

Firm Name:

Business Mailing address (Main Office) Street Address (or PO Box):

City:

State:

Zip:

I desire to have any proceedings held in: (City) _____ I believe the above statement to be true.

(Signature)

(Please Print)		
Phone: (H) _____		(W) _____
Name:		
Address:		
City:	State	Zip

It is important that the Board be able to reach you concerning your appeal. If you do not have a phone, please provide the number of a friend/relative where the Board can leave a message. Also, please notify the Board if you change your address.